



VETERANS ADMINISTRATION

Pass-A-Grille Regional Office
P. O. Box 1437
St. Petersburg, Florida YOUR FILE REFERENCE:

April 21, 1949

IN REPLY REFER TO: 17R7CB

Panama City Publishing Company
Panama City, Florida

Dear Sir:

Enclosed are copies of VA Form 7-1904, Agreement to Train On-the-Job Disabled Veterans of World War II, and VA Form 7-1914, Survey of Job Training Establishment. The approval of your firm has been indicated by the signatures of the appropriate Veterans Administration officials on your copy of VA Form 7-1904.

Your interest and cooperation in the rehabilitation training of disabled veterans are sincerely appreciated.

Very truly yours,

H.E. Seiter

H. E. SEITER, Chief,
Training Facilities Section.

Encls. (2)

VA FL
JUN 1947 AT7-1277

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

SURVEY OF JOB TRAINING ESTABLISHMENT

FORM APPROVED
BUDGET BUREAU NO. 76-R038
EXPIRES MARCH 31, 1949

(If additional space is needed to complete any item, use a separate sheet of paper and attach it to this form)

| 1. LEGAL NAME OF ESTABLISHMENT Panama City Publishing Company | | | | 5. TRAINING UNDER <input checked="" type="checkbox"/> P. L. 16 <input type="checkbox"/> P. L. 346 | 6. DATE OF THIS SURVEY March 21, 1949 | | |
|--|-----------------------------|---|----------------------|---|---|-----------------------|------------------------------|
| 2. MAILING ADDRESS (Number, street, city, zone, State) Panama City, Florida | | | | 7. TELEPHONE NUMBER OF ESTABLISHMENT EXCHANGE 3404 NUMBERS | | | |
| 3. NAME AND TITLE OF HEAD OF ESTABLISHMENT Mrs. L. C. West, Owner | | | | 8. TYPE OF ESTABLISHMENT <input checked="" type="checkbox"/> INDIVIDUAL OWNER <input type="checkbox"/> CORPORATION | | | |
| 4. NAME AND TITLE OF OFFICER IN CHARGE OF TRAINING Mrs. L. C. West, Owner | | | | <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER | | | |
| 9. NATURE OF BUSINESS, PRODUCT, OR SERVICES Printing | | | | 10. NUMBER OF EMPLOYEES 4 | | | |
| 11. SPECIFIC JOB OBJECTIVE Jr. Executive (Asst. Manager) | | | | 12. OCCUPATION Printer | | | |
| 14. RECOGNIZED BY ESTABLISHMENT AS <input type="checkbox"/> APPRENTICE TRAINING <input checked="" type="checkbox"/> OTHER TRAINING ON THE JOB | | | | 15. JOB DESCRIPTION Operation and care of printing press | | | |
| 16. NUMBER OF TRAINING POSITIONS IN THIS JOB OBJECTIVE 2 | | | | 17. ACTUAL NUMBER OF TRAINEES IN THIS JOB OBJECTIVE 2 | | | |
| 18. JOB OPERATIONS TO BE LEARNED IN SEQUENCE: | | | | | | | |
| JOB OPERATION (A) | HOURS PER WEEK (B) | NUMBER OF WEEKS (C) | JOB OPERATION (A) | HOURS PER WEEK (B) | NUMBER OF WEEKS (C) | HOURLY WAGE (A) | INTERVALS IN WEEKS (B) |
| a Composition | 30 | 156 | i | | | .40 | 1-6 mos. |
| b Operation of Presses | 10 | 156 | j | | | .50 | 6-12 mos. |
| c Repair of Presses | 1 | 156 | k | | | .55 | 12-15 mos. |
| d Use of Linotype | 2 | 156 | l | | | .60 | 15-18 mos. |
| Maintaining Cutting | | | | | | | |
| e paper stock | 2 | 156 | m | | | .65 | 18-21 mos. |
| f | | | n | | | .70 | 21-24 mos. |
| g | | | o | | | .80 | 24-30 mos. |
| h | | | p | | | .90 | 30-36 mos. |
| | | | | | | 1.00 | Obj. Wage |
| 20. PRESENT ENTRANCE WAGE RATE FOR EMPLOYEES ALREADY TRAINED IN THIS OCCUPATION | | | | \$173.33 | | PER Month | Y |
| 21. LENGTH OF TRAINING COURSE A TOTAL OF 7020 HOURS FOR A PERIOD OF 156 WEEKS | | | | | | | |
| 22. IS RELATED OR SUPPLEMENTARY INSTRUCTION REQUIRED FOR THIS JOB OBJECTIVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | |
| 23. IF SO, LIST EACH RELATED OR SUPPLEMENTARY COURSE REQUIRED: | | | | | | | |
| COURSE | HOURS PER WEEK | NUMBER OF WEEKS | COURSE | HOURS PER WEEK | NUMBER OF WEEKS | | |
| a | | | d | | | | |
| b | | | e | | | | |
| c | | | f | | | | |
| 24. IF SUCH INSTRUCTION IS REQUIRED, WHO WILL PROVIDE SAME? | | | | <input type="checkbox"/> EMPLOYER <input type="checkbox"/> OTHER (Specify) | | | |
| 25. IS THERE A UNION AGREEMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 26. NAME AND NUMBER OF JURISDICTIONAL UNION | | | 27. DATES COVERING UNION AGREEMENT | | |

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| | | | |
|---|---|---|---|
| 28. IS THERE A FUNCTIONING JOINT APPRENTICESHIP COMMITTEE? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | 36. SPECIAL HAZARDS, IF ANY, AFFECTING ADVERSELY THE TRAINING OF VETERANS IN THIS ESTABLISHMENT |
| 29. IS AN APPRENTICESHIP AGREEMENT REQUIRED? | | | <i>None</i> |
| 30. IS SPACE ADEQUATE FOR TRAINING? | <input checked="" type="checkbox"/> | | |
| 31. ARE SAFETY AND SANITATION LAWS OBSERVED? | <input checked="" type="checkbox"/> | | |
| 32. IS HEATING ADEQUATE? | <input checked="" type="checkbox"/> | | |
| 33. ARE LIGHTING AND VENTILATION ADEQUATE? | <input checked="" type="checkbox"/> | | 37. IS THE TRAINING COURSE BASED UPON A COMPLETE JOB ANALYSIS? |
| 34. ARE TOOLS AND EQUIPMENT ADEQUATE AND AVAILABLE FOR TRAINING? | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 35. IS THERE SUFFICIENT "WORK PRODUCTION" SCHEDULED AHEAD TO PROVIDE ADEQUATE TRAINING? | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 36. ARE WAGES TO BE PAID THE VETERAN FOR EACH SUCCESSIVE PERIOD OF TRAINING NOT LESS THAN THOSE CUSTOMARILY PAID IN ESTABLISHMENT AND IN COMMUNITY TO A LEARNER IN SAME JOB WHO IS NOT A VETERAN? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 40. IF FEDERAL OR STATE WAGE LAWS APPLY, ARE THESE WAGES IN CONFORMITY? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 41. NAME, TITLE, AND ABILITY OF PERSONS RESPONSIBLE FOR INSTRUCTION OF TRAINEES: | | | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| 42. IS THERE REASONABLE ASSURANCE THAT ALL TRAINING PROVISIONS OF THE LAW WILL BE MET? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 43. DOUBTFUL PROVISIONS AND REASONS FOR DOUBTS | | | |
| <i>None</i> | | | |
| 44. IS THERE "REASONABLE CERTAINTY" THAT THE JOB FOR WHICH THE VETERAN IS TO BE TRAINED WILL BE AVAILABLE AT THE END OF THE TRAINING PERIOD? | | | |
| 45. NAME OF PERSON MAKING SURVEY <i>Edwin W. Thompson SR</i> | | 46. TITLE <i>Training Specialist</i> | |
| 47. RECOMMENDATION <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL | 49. IF DISAPPROVAL IS RECOMMENDED, STATE REASON(S) | | |
| 48. DATE OF RECOMMENDATION <i>3-21-49</i> | | | |
| 50. NAME OF PERSON REVIEWING RECOMMENDATION <i>J. W. Worrall</i> | | 51. TITLE <i>H. E. Seiter, CHIEF TRAINING FACILITIES SECTION</i> | |
| 52. RECOMMENDATION OF REVIEWER <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL | 54. IF DISAPPROVAL IS RECOMMENDED, STATE REASON(S) | | |
| 53. DATE OF RECOMMENDATION <i>APR 6 1949</i> | | | |
| 55. NAME OF PERSON TAKING FINAL ACTION | | 56. TITLE <i>J. W. Worrall, CHIEF EDUCATION & TRAINING SUBDIVISION</i> | |
| 57. FINAL ACTION TAKEN <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> DISAPPROVED | 59. IF DISAPPROVED, STATE REASON(S) | | |
| 58. DATE OF FINAL ACTION | | | |

